



Coach/Volunteer Registration & Acknowledgement and Consent for Back Ground Investigation

I acknowledge and understand that as a prerequisite to becoming a volunteer with Special Olympics Louisiana (“SOLA”), and also that if I am already a volunteer with SOLA, as a condition of continuing my volunteer relationship with SOLA, that SOLA may conduct investigations concerning my background and that the investigations may include obtaining information about my character, personal characteristics, general reputation, lifestyle and criminal history. The background investigation may include interviewing family members and acquaintances, searching records of courts, administrative agencies, law enforcement agencies and any other investigative steps, which SOLA deems appropriate. I also understand that SOLA needs my date of birth, social security number and driver’s license number in order to conduct the investigations.

I acknowledge that I have been notified of SOLA’s intent to conduct background investigations and hereby give my voluntary consent and authorization for SOLA to conduct these investigations. I further understand that I may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted. Further, I hereby consent to the release of any information and documents to SOLA or persons conducting the investigations and/or preparing such information on its behalf. I understand that the information obtained will be used, in part, to determine my eligibility to volunteer with SOLA. I further understand that information obtained through the investigations may preclude me from volunteering with SOLA, or, if I already have a volunteer relationship with SOLA, may preclude me from volunteering in the future. I also acknowledge that I was given the opportunity to withdraw my volunteer application if I did not want investigations conducted on my background, but I voluntarily chose to continue with the application process and to consent to these investigations. I further acknowledge that refusal to consent to an investigation at any time during my volunteer relationship with SOLA may preclude me from continuing to serve as a volunteer.

By signing below, I hereby give my consent and authorization to SOLA to conduct a background investigation on me prior to becoming a volunteer with SOLA, as well as at any time during my volunteer relationship with SOLA. I understand that this is a blanket authorization that can be used by SOLA to conduct background investigations on me at any time during my volunteer relationship with SOLA, without further notice.

I hereby hold harmless and release SOLA and its officers, directors, employees and agents, from any liability for the investigations, and any action taken as a result of information obtained through the investigations. I further hold harmless and release any person or entity providing information in good faith to SOLA or to any person conducting the investigations on its behalf.

First Name	Last Name	SSN			
M or F					
Gender	Address	City	State	Zip	Date of Birth
Email Address		Cell Phone Number	Driver’s License Number	Your Role in SOLA: (please check one)	
Emergency Contact Name		Phone Number	Special Olympics Area	Coach	<input type="checkbox"/>
				Volunteer	<input type="checkbox"/>
				Board Member	<input type="checkbox"/>
				Staff	<input type="checkbox"/>

PLEASE READ BEFORE SIGNING:

I understand that:

- The information that I have provided may be verified, and I give permission to Special Olympics Louisiana to make inquiry of others concerning my suitability to act as a Special Olympics volunteer;
- In the course of volunteering for Special Olympics, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence;
- The relationship between Special Olympics and volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics;
- I grant Special Olympics Louisiana permission to use my likeness, voice, and words in television, radio, film, or in any form to promote activities of Special Olympics.

I affirm that I have read the above information, and the information I have given is true and complete.

Signature

Date